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Application Number Filing Date MULTIPLE DEPENDENT CLAIM 1015061365 FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 151 1 52 53 104 **1** 54 185 106 1 56 167 10 B **1** 57 169 £ 58 59 £ 10 60 111 1 12 61 62 £ 13 114 **1** 63 164 1 15 65 16 1 66 1 17 / 18 **j** 67 68 69 19 20 1 21 **#**70 171 1 22 172 23 173 1 24 174 125 175 1 26 **1**76 177 28 1 78 1 79 1 29 1 30 80 1.31 1 81 1 32 **1** 33 82 83 1 34 84 1 35 85 1 36 / 37 86 67 / 38 88 39 89 / 40 90 1 41 142 91 92 1 43 144 93 94 95 46 I 47 96 97 1 48 98 1 49 99 1 50 100 Total Total Indep Indep Total Total Depend Depend Total Claims Total Claims

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